



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

JUL 2 2009

DATAMASTER SN WAVERLY POLICE DEPT / 940442	DATE OF INSPECTION 05/29/2009
LOCATION OF INSTRUMENT (STREET AND CITY) 111 EAST KELLING WAVERLY MO. 64096	TIME OF INSPECTION 14:50

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 49 °C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER
<input checked="" type="checkbox"/> INDICATOR LIGHTS	
<input checked="" type="checkbox"/> TIME AND DATE	
<input checked="" type="checkbox"/> SIMULATOR TEMPERATURE (34 °C ± 0.2 °C) 34.0	
<input checked="" type="checkbox"/> CALIBRATION CHECK - Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP) <input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE <input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)	

TEST 1 .100	TEST 2 .101	TEST 3 .101
--------------	--------------	--------------

<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)											
<input checked="" type="checkbox"/> NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)											
REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	0	(Over .19)	0

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

GUTH LABS LOT #08240 EXP DATE 07-14-09

INSPECTING OFFICER

SIGNATURE 	PRINT NAME LYNN WARD
TYPE II PERMIT NUMBER EXPIRATION DATE 820204/06/24/10	TELEPHONE NUMBER (660) 229-3069



GUTH LABORATORIES, INC.

690 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08240** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1221** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **July 14, 2009** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

BAC DataMaster

Evidence Ticket

IAC DATAMASTER SERIAL NUMBER 940442
 05/29/89
 1453

```

COMPUTER: OKAY
TROUBLESHOOT: OKAY
HEATERS:
SAMPLE CHAMBER: 49L
FLOW DETECTOR: OKAY
PUMP:
HIGH SPEED: OKAY
DETECTOR: OKAY
FILTERS: OKAY
QUARTZ STANDARD: OKAY
CALIBRATION: OKAY

```

1 "Www.1044.com/802045678914/39e8BBD0E6
H2U1UMUPOPS11W8Y2513123bduwFeh3kLme
1300640000011300

Printed on recycled paper with agri-based inks

CMSU

BAC DataMaster

Evidence Ticket

DOC IDENTIFIER SERIAL NUMBER 948402
95/09/09

PERMIT TYPE: 1402
 SUBJECT NAME:
 BIRTH TEST
 DOB: 06-29-09 SEX: M
 STATE ID: NJ-000004
 GREETING OFFICE:
 WRC
 OFFICE ID: 01
 TESTING OFFICE:
 WRC
 OFFICE ID: 01
 PERMIT NUMBER: 000004
 EXPIRATION DATE: 06-29-12
 MAILING ADDRESS:
 BIRTH TEST FILE NO: 0000

LOWRY TEST	.000	15.96
NATIONAL STANDARD	VARY USE	15.87
OLD BOOK SPECIAL	.000	15.96
WORLD OF	.000	15.87

Printed on recycled paper with agri-based inks

CMSU 2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
WAVERLY POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 948442
05/29/09

TESTING OFFICER:
WARD

OFFICER I.D.: R1
PERMIT NUMBER: 530204
EXPIRATION DATE: 06/24/10
MISCELLANEOUS DATA:
MAINT:0 FOR MAY 2009

----- SUPERVISOR NODE -----

BLANK TEST	.000	14:57
INTERNAL STANDARD	VERIFIED	14:57
EXTERNAL STANDARD	.100	14:57
BLANK TEST	.000	14:58
EXTERNAL STANDARD	.101	14:58
BLANK TEST	.000	14:59
EXTERNAL STANDARD	.101	14:59
BLANK TEST	.000	15:00

N = 3
SIM. = .1
AVG. = .1006

Operator Signature

Printed on recycled paper with agri-based inks

CMSU 2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
WAVERLY POLICE DEPARTMENT

JDC DATAMASTER SERIAL NUMBER 040442
06/29/09

ARREST TIME: 14:00

SUBJECT NAME:

RFI

DOB: 06/29/09 SEX: M

STATE/D.L.: MO/020004

ARRESTING OFFICER:

WARD

OFFICER I.D.: R1

TESTING OFFICER:

WARD

OFFICER I.D.: R1

PERMIT NUMBER: 820204

EXPIRATION DATE: 06/24/10


MISCELLANEOUS DATA:

RFI FOR MAY 2009

--- BREATH ANALYSIS ---

BLANK TEST	.0000	15:00
INTERNAL STANDARD	VERIFIED	15:00
RADIO INTERFERENCE		

Operator Signature



Printed on recycled paper with agri-based inks

CMSU 2208-02